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REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee					Office Use Only	
NAME OF COMMITTEE (in full)	TYPE OR PRINT		ample: If typing, t	ype 12FE4M5		
Restoring Our Democ	racy (ROD PA	(C)				
ADDRESS (number and street)	PO Box 1332					
▼						
Check if different than previously reported. (ACC)	Springfield				62705-1332	
2. FEC IDENTIFICATION N	IUMBER ▼	CITY ▲		STATE ▲	ZIP CODE ▲	
					STATE ▼ DISTRICT	
C C00573493		3. IS THIS REPORT	× NEW	OR AMEND (A)	ED L	
4. TYPE OF REPORT (CI	hoose One)	(b) 12-Day PRE	-Election Report fo	or the:		
(a) Quarterly Reports:		П	Primary (12P)	General (1	2G) Runoff (12R)	
April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2)		- F				
			Convention (12C) Special (12	Special (12S)	
October 15 Quarte	erly Report (Q3)	Election on	M M / D	D / Y Y Y Y	in the State of	
January 31 Year-End Report (YE)		(c) 30-Day POST -Election Report for the:				
		×	General (30G)	Runoff (30	R) Special (30S)	
Termination Repor	t (TER)	Election on	M M / D	08 / Y Y Y Y Y Y 2016	in the State of	
5. Covering Period	10 / D D /	Y Y Y Y Y Y 2016	through	M M / D D /	2016	
I certify that I have examined to Type or Print Name of Treasure	Marston, Chris,		nowledge and belie	ef it is true, correct and	l complete.	
				M		
Signature of Treasurer	erston, Chris, , ,		[Electronically Filed	12	07 7 2016	
NOTE: Submission of false, error	neous, or incomplete	information may	subject the person	signing this Report to th	e penalties of 52 U.S.C. §30109	
Office					FEC FORM 3	
Use Only					(Revised 05/2016)	